

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Environmental Laboratory Accreditation Program (ELAP)
1625 Shattuck Avenue, Room 101
Berkeley, CA 94709-1611
(510) 540-2800

INSTRUCTIONS FOR COMPLETING THE NELAP APPLICATION

(Please do not return these instructions with the application)

1. This application consists of:
 - Part A - Laboratory Information (Pages 1 - 2)
 - Part B - Personnel Qualifications (Pages 3 - 4)
 - Part C - Fields of Testing (Page 5)
 - Part D - Invoice for Fees (Page 5)
 - Part E - Quality Manual (Page 5)
 - Part F - Field of Testing Form (Page 5)
 - Part G - Other Pertinent Information (Page 5)
 - Part H - Certification by Applicant (Page 6)
2. This application must be used for all requests for NELAP accreditation.
3. Please keep a photocopy of the completed application for future reference.
4. Following are the specific instructions for each part of the application.
If there are any questions or additional information is needed, please call (510) 540-2800.

PART A - LABORATORY INFORMATION (pages 1 - 2)

Please provide the following information:

- Item 1. Type of Application: Check for Primary or Secondary accreditation. Check for new, renewal, or amendment of current accreditation. Provide your laboratory identification number and the expiration date if it is a renewal or an amendment application. Secondary applicants: Provide the information on Item 16.
- Item 2. Legal Name of Laboratory: This name will appear on the laboratory's certificate and all official communications.
- Item 3. Division: If the laboratory is part of a larger organization and you wish the "division" to be part of the laboratory name, put the name of the division here. Items 2 and 3 may be combined to form a two-line laboratory name.
- Item 4. Laboratory Location/Address: Provide the actual laboratory location by a street address, city and state. Provide description of geographical location on a separate sheet. You may provide your area map.
- Item 5. Telephone Number: Include the area code and the extensions if applicable. This is the telephone number that will appear on listings distributed to the public.
- Item 6. Fax Number, E-mail Address, and Web Site Address: List the fax number, the E-mail address and the Web site address of the laboratory if available.
- Item 7. California County: List the county name for laboratories located in California only.
- Item 8. California Water Quality Control Board Region Number: This is only to be completed by laboratories owned by a facility that has an NPDES permit or a State Waste Discharge permit issued by a California Regional Water Quality Control Board.
- Item 9. Description of Laboratory Type: Check the description that best fits your laboratory.
- Item 10. Mailing Address: This is the complete U.S. Mail address to which all correspondences will be sent. Provide a designated mail recipient.
- Item 11. Billing Address: This is the address to which all invoices will be sent.
- Item 12. Technical Director(s): List the name, the title, and the phone number of the person(s) in charge of all technical operations of the laboratory. List the lead technical director first.
- Item 13. Contact Person: List the name, the title, and the phone number of the person ELAP can contact for accreditation issues. This person can be the same as the Laboratory Director.
- Item 14. Owners and / or owner's agent: This is the person(s), partnership, corporation, or other entity that owns the laboratory. If this laboratory is not privately owned, list the owner's agent. Please note that the certificate is actually issued to the owner even though the laboratory's name is on the certificate.
- Item 15. Quality Assurance Officer: List the name and the phone number of the designated quality assurance officer.
- Item 16. Primary Accrediting Authority: Indicate the State Accrediting Authority recognized by NELAP in which the laboratory has applied for accreditation or is accredited, along with the contact person and the telephone number of the accrediting state. List the laboratory identification number and the expiration date if available.
- Item 17. Laboratory Hours of Operation: Indicate your laboratory's normal business hours and the time zone.
- Item 18. Mobile Laboratory Information: This is for mobile laboratory only. Provide information of the vehicle, make, model, vehicle identification number, license number, and state of registration.

PART B - PERSONNEL QUALIFICATIONS (Pages 3 and 4)

Complete Part B for the technical director(s) and the quality assurance officer. Please make additional copies if necessary.

- Item 1. Name: Provide the person's complete name.
- Item 2. Discipline(s) / Title: Check the appropriate discipline(s) for the technical director (Page 3). Provide the title of the quality assurance (QA) officer (Page 4).
- Item 3. Education: List the period of attendance, accredited college or university, major subject, degrees, and year the degree was completed. For the technical directors, provide semester credit hours in the discipline.
- Item 4. Technical Training: List training courses such as manufacturer training courses or technical schools, the time period, subject, certificate, and year completed. For QA officer, please include QA/QC training.
- Item 5. Relevant Experience: This must be relevant experience in environmental analysis within the last five years. Include the time period, employer and address, job title, and a brief description of work (i.e. Analyzed wastewater by ICP).
- Item 6. In this section you may elaborate on environmental or non-environmental laboratory experience.
- Item 7. List a valid treatment plant operator's certificate, grade, expiration date, specialty, and issuing organization/ authority. *A full-time employee of a drinking water or sewage treatment facility who holds a valid treatment plant operator's certificate appropriate to the nature and size of such facility shall be deemed to meet the educational and experience requirements serving as the director of the accredited laboratory devoted exclusively to the examination of environmental samples taken within such facility. Such accreditation for a water treatment facility and/or a sewage treatment facility shall be limited to the scope of that facility's regulatory permit (NELAC Standard 4.1.1.2).* Please provide a copy of the certificate (for the technical director only, Page 3).

PART C - FIELDS OF TESTING (page 5)

Click the Excel file to select the FoTs and calculate the fees. The laboratory should only select those Fields of Testing for which compliance/competency can be demonstrated at the time of the on-site assessment. Do not check any Fields of Testing for which the laboratory will not be ready at the time of the on-site assessment.

PART D - INVOICE FOR FEES (Page 5)

Laboratories must submit all fees with the application. The fees consist of a base fee plus a Field of testing fee for each FoT requested. For amendment application, you pay only the FoT Fee. Enclose a check for the entire amount payable to "California DHS, Environmental Laboratory Accreditation Program."

Out-of-state laboratories for primary accreditation: Please note the travel expenses for the on-site assessment will be determined and billed after the completion of the on-site assessment.

PART E - QUALITY MANUAL (Page 5)

Two copies of the quality manual (QM) must be submitted with the application (**for primary accreditation only**). The quality manual shall be prepared according to the NELAC Standards, Chapter 5, Quality Systems. The laboratory should periodically review its quality assurance program, its implementation and update the QM as necessary.

PART F – FIELD OF TESTING FORM (Page 5)

Submit the completed electronic and hard copy of the Field of Testing Forms provided by ELAP for each FoT the laboratory is seeking or amending accreditation. Follow the instruction provided with the forms.

PART G - OTHER PERTINENT INFORMATION (Page 5)

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other accreditation and proficiency testing programs in which your laboratory participates.

PART H - CERTIFICATION BY APPLICANT (Page 6)

The Certification by Applicant must accompany the application for laboratory accreditation. It must be signed and dated by both the quality assurance officer and the technical director(s).

IMPORTANT

Please do this last check before mailing:

- ☐ Has the application been completely filled out? Please carefully review it for accuracy and completeness. Incomplete application may be returned unprocessed to the laboratory, and will delay the accreditation process.
 - ☐ Are the proper fees enclosed?
 - ☐ Are two copies of the Quality Manual enclosed (for primary accreditation only)?
 - ☐ Is the description of geographical location of the laboratory enclosed (for primary accreditation only)?
 - ☐ Has the application been signed and dated?
 - ☐ Did you keep a photocopy for future reference?
- **Please send the application by certified mail with return receipt or by other means where it can be traced and receipt is documented.**
 - **The laboratory shall notify ELAP in writing of any changes in key accreditation criteria within 30 calendar days of the change. This written notification includes but is not limited to changes in the laboratory ownership, location, key personnel, and major instrumentation (NELAC Standard 4.3.2).**